Patient Name: MR. DEMO Ref. No.: 28

Collection Date: 01-01-2023 1:03PM Age & Sex: 14 Yrs | Male Reporting Date: 03-01-2023 1:11PM 7894561235 Contact No: Address:

Referred By: Dr Abhishek (MS MCH)



Test Name	Results	Units	Reference range	
BIOCHEMISTRY				
LFT(LIVER FUNCTION TEST)				
SERUM BILIRUBIN(TOTAL) Method: DIAZO METHOD	1.1	mg/dL	0.2 - 1.2	
SERUM BILIRUBIN(DIRECT) Method: DIAZO METHOD	0.2	mg/dL	0.0 - 0.2	
SERUM BILIRUBIN(INDIRECT)  Method:- Calculated	▲ 0.9	mg/dL	0 - 0.8	
Aspartate Transaminase (AST/SGOT)  Method: IFCC METHOD	46	U/L	0 - 50	
Aspartate Transaminase (ALT/SGPT)  Method: IFCC METHOD	43.6	U/L	0 - 45	
Alkaline Phosphatase  Method: TRIS CARBONATE BUFFER, KINETIC	69	mg/dL	30-130	
Total Protein  Method: BIURET	7.5	g/dL	6.4-8.2	

g/dL

g/dL

3.4-5

1.9-3.9

1.0 - 2.0

Method: Automated Spectrophotometry based Assay.

Albumin

Globulin

A/G ratio Method: KINETIC

Method: BROMOCRESOL GREEN

Method: BROMOCRESOL GREEN

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.

3.4

0.83

- 2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
- 3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
- 4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

----- End of report -----







**Consultant Pathologist** Dr. M.K. Singh (Path.)